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FEC MAIL CENTER

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

	NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
بيا	Funding Developing	Leadership Political Acti	on Committee aka FDL PA	c .	
ŀι		1111111111			
ADD	ORESS (number and street)	701 8th Street, NW			
•	(Check if address is changed)	Suite 500			
		Washington		LPC L	20001 -
			CiTY▲	STATE	ZIP CODE 🛦
COM	MMITTEE'S E-MAIL ADD	RESS (Please provide only one	e-mail address)		
	(Check if address	mgkelley@wms-jer	n.com		
	is changed)			<u> </u>	
					•
COM	MMITTEE'S WEB PAGE	ADDRESS (URL)			
	(Check if address				
	is changed)	Litition			
2.	DATE M M /	22 2010			
3.	FEC IDENTIFICATION I	NUMBER	С		
4.	IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)		
I certi	ify that I have examined this	Statement and to the best of my ki	nowledge and belief it is true, correc	t and complete	
	,	·	,		
Туре	or Print Name of Treasu	stuart Sander	·		
		Store & Sand		Date 09	, D25 , A 5010,
Sign	ature of Treasurer	rayar 15 mga	<u></u>	Date 09	22 2010
NOT	F: Submission of false, error	neous, or incomplete information m	ay subject the person signing this S	tatement to the penalties	of 2 U.S.C. §437a.
			ATION SHOULD BE REPORTE		
	Office Use Only		For further informatic Federal Election Comn Toll Free 800-424-953 Local 202-694-1100	nission	FEC FORM 1 (Revised 02/2009)

	FEC F	Form 1 (Revised 02/2009)					Page 2
5.	TYPE OF CO	OMMITTEE (Check One)					
	Candidate C	Committee:					
	(a)	This committee is a principal	campaign co	mmittee. (Complete	the candidate informa	ation below.)	
	(b)	This committee is an authorize information below.)	zed committee	e, and is NOT a prin	cipal campaign comm	ittee. (Complete t	he candidate
	Name of Candidate	1	111			<u> </u>	
	Candidate	0	ffice				State
	Party Affiliat	ion Se	ought:	House	Senate	President	District
	(c)	This committee supports/oppo	oses only one	candidate, and is N	OT an authorized con	nmittee.	
	Name of Candidate		_			<u> </u>	
	Party Comm	ittee:					
	(d)	This committee is a		(National, State (or subordinate) co	mmittee of the		Democratic, epublican,etc.) Party.
	Political Act	ion Committee (PAC):					
	(e)	This committee is a separate	segregated fu	nd. (Identify connec	ted organization on li	ne 6.) Its connecte	ed organization is a:
		Corporation		Corporation w/	o Capital Stock	Labo	r Organization
		Membership Organization	n	Trade Associa	tion	Coop	perative
		In addition, this cor	mmittee is a L	obbyist/Registrant F	PAC.		
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committe	e is a Lobbyis	st/Registrant PAC.			
		X In addition, this committee	e is a Leader	ship PAC. (Identify:	sponsor on line 6.)		
	Joint Fundra	Ising Representative:					
	(g)	This committee collects contrib committees/organizations, at le					more political
	(h)	This committee collects contrib committees/organizations, none	utions, pays f e of which is a	undraising expense an authorized comm	s and disburses net p ittee of a federal cand	roceeds for two o lidate.	r more political
	Com	mittees Participating in Joint Fur	ndraiser				
		1.	1111	1111	FEC ID number	С	
		2.	<u> </u>		FEC ID number	С	
		3.	11111		FEC ID number	С	
		4			FEC ID number	С	

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Write or Type Committee I	larne		
Funding Developing	g Leadership Political Action Committee aka FDL PAC	;	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Repre	esentative, or Lea	dership PAC Sponsor
Frank D. Lucas		1 1 1 1 1	
<u> </u>	<u> </u>	<u> </u>	1 1 1 1 1 1 1 1 1
Mailing Address	2311 Rayburn HOB	<u> </u>	
			<u> </u>
	Washington	рс	20515
	CITY	STATE A	ZIP CODE
Relationship:			
Connected Organi	zation Affiliated Committee Joint Fundraising F	Representative	X Leadership PAC Sponsor
Full Name	701 8th Street, NW		
	Suite 500		
	Washington	DC	20001
Title or Position ♥	CITY ▲ Telephone r	STATE A	ZIP CODE 1 - 659 - 8201
name and address of	ame and address (phone number optional) of the treasural of any designated agent (e.g., assistant treasurer).	rer of the commi	itee; and the
Mailing Address	P.O. Box 391		
	Cheyenne	<u> </u>	73628
Title or Position ¥	CITY A	STATE A	ZIP CODE 4
	Telephone	number	

	evised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			-
Title or Position ♥	CITY A	STATE A	ZIP CODE A
	Tele	phone number	
9. Banks or Other Depos safety deposit boxes or Name of Bank, Deposi	r maintains funds.	committee deposits funds,	holds accounts, rents
	- · · · · · · · · · · · · · · · · · · ·		
Mailing Address	1445-A Laughlin Avenue		
Mailing Address			
Mailing Address		YA (22101 -
L_L Mailing Address		VA (STATE △	22101 - L
Mailing Address Name of Bank, Deposi	McLean CITY A	ا للنا ليكنا	
	McLean CITY A	ا للنا ليكنا	
	McLean CITY A	ا للنا ليكنا	
Name of Bank, Deposi	McLean CITY A	STATE 4	
Name of Bank, Deposi	McLean CITY △ itory, etc.	STATE 4	

PREPARER

(3/2005)

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DATE PREPARED